

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) AND 1.27 (d)) - NONPROFIT ORGANIZATION**

Docket No.
011.00117

Serial No.
09/258,947

Filing Date
March 1, 1999

Patent No.

Issue Date

Applicant/ Miller et al.
Patentee:

Invention: **MIMOTOPES AND ANTI-MIMOTOPES OF HUMAN PLATELET GLYCOPROTEIN IB/IX**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: The Research Foundation of State University of New York

ADDRESS OF ORGANIZATION: P.O. Box 9
Albany, New York 12201-0009
TYPE OF NONPROFIT ORGANIZATION:

- ☐ University or other Institute of Higher Education
- ☒ Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3))
- ☐ Nonprofit Scientific or Educational under Statute of State of The United States of America
Name of State: Citation of Statute:
- ☐ Would Qualify as Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3)) if Located in The United States of America
- ☐ Would Qualify as Nonprofit Scientific or Educational under Statute of State of The United States of America if Located in The United States of America
Name of State: Citation of Statute:

I hereby declare that the above-identified nonprofit organization qualifies as a nonprofit organization as defined in 37 C.F.R. 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- ☐ the specification to be filed herewith.
- ☒ the application identified above.
- ☐ the patent identified above.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the above-identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern or organization exists.
☐ each such person, concern or organization is listed below.

FULL NAME _____
 ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME _____
 ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME _____
 ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME _____
 ADDRESS _____


☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

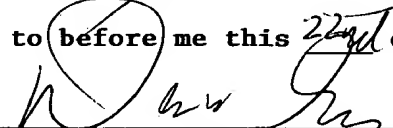
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: James R. Dennehey, Esq.
 TITLE IN ORGANIZATION: General Counsel and Secretary
 ADDRESS OF PERSON SIGNING: The Research Foundation of State University of New York
P.O. Box 9
Albany, New York 12201-0009

SIGNATURE:  DATE: April 22, 1999

Sworn to before me this 22nd day of April, 1999.


 Notary Public

DENNIS M. LOUDON
 Notary Public, State of New York
 Qualified in Rensselaer County
 Commission Expires Oct. 31, 2000

#3

Please type a plus sign (+) inside this box → ☐

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	011.00117
	First Named Inventor	Miller
	COMPLETE IF KNOWN	
	Application Number	09/258,947
	Filing Date	March 1, 1999
	Group Art Unit	
	Examiner Name	



As a below named inventor, I hereby declare

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MIMOTOPES AND ANTI-MIMOTOPES OF HUMAN PLATELET GLYCOPROTEIN IB/IX

the specification of which (Title of the Invention)
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **03-01-1999** as United States Application Number or PCT International Application Number **09/258,947** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/56,597	11-13-1995	5,877,155
08/406,330	03-17-1995	5,817,748

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Susan J. Braman	34,103	Peter Rogalskyj	38,601

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

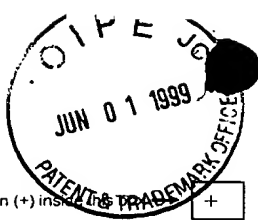
Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	Susan J. Braman				
Address	Braman & Rogalskyj, LLP				
Address	P.O. Box 352				
City	Canandaigua	State	NY	ZIP	14424-0352
Country	USA	Telephone	716-393-3002	Fax	716-393-3001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname		
Jonathan L.			Miller		
Inventor's Signature	<i>Jonathan L. Miller</i>			Date	5/2/97
Residence: City	Syracuse	State	NY	Country	USA
Post Office Address	25 Drumlins Terrace				
Post Office Address					
City	Syracuse	State	NY	ZIP	13205
				Country	USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Vicki A.				Lyle				
Inventor's Signature		<i>Vicki A. Lyle</i>			Date		5-21-99	
Residence: City		Syracuse	State	NY	Country	USA	Citizenship	US
Post Office Address		4334 Fay Road						
Post Office Address								
City		Syracuse	State	NY	ZIP	13219	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

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